OBJECTIVES: Imatinib is considered standard of care for 1st line treatment of chronic myeloid leukemia (CML) in Brazil. Long-term treatment effectiveness, however, is jeopardized by questionable adherence among patients receiving imatinib. The goal of this study is to document the adherence of CML patients to imatinib and the impact of these adherence levels on long-term prognosis. **METHODS:** A longitudinal cohort analysis was performed using SIA/DATASUS data from January 2008 through Jun 2010. Inclusion criteria included patients ≥ 18 years old; diagnosed with CML (ICD10 92.1) in Chronic Phase; beginning 1st line treatment with imatinib from January 1, 2008 to December 31, 2008; and a minimum follow-up period of 6 months. Adherence of all patients that met inclusion criteria was calculated based on medication possession ratio (MPR) over a 15-month period. Patients were categorized as adherent (MPR ≥ 0.9) or non-adherent (MPR < 0.9). Using uni and multivariate logistic regression we analyzed the following covariates: adherence, age, gender, region of country and other comorbidities for their influence on progression rates. **RESULTS:** In total, 386 patients, 56% males and mean (SD) age 48 (15) years, were included in the study. There were 210 (54%) patients calculated as being adherent (MPR ≥ 0.9). At the end of the 24-months of follow-up, 20% patients from the non-adherent group had progressed, versus 10% in the adherent group (log-rank p=0,02). Patients from North, South and Southeast regions of Brazil had significantly higher adherence as compared with those from Northeast or Center-west. According to the multivariate logistic regression, lower adherence is significantly associated with higher progression rates. **CONCLUSIONS:** Adherence to imatinib is associated with a better progression-free survival profile, with statistical significance being observed after a 24-months period. Non-adherence was observed in 46% of the population studied.

PCN80

PATIENT PREFERENCES FOR TOXICITIES ASSOCIATED WITH CHEMOTHERAPIES FOR ADVANCED BREAST CANCER

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OBJECTIVES: Given that treatments for advanced breast cancer are palliative rather than curative, the patient-perceived impact of chemotherapy is a critical outcome. To date, no studies have estimated the strength of patient preferences for a comprehensive set of toxicities associated with breast cancer treatments. The objective of this study was to measure patient preferences for treatment-related toxicities in advanced breast cancer. **METHODS:** This was a cross-sectional Web-based survey of women with stage I through IV breast cancer who were recruited through web forums and newspaper ads. Using the standard gamble approach, each participant valued her own current health state in the absence of side effects and nine health states describing that current health state plus each of nine grade III/IV toxicities. Toxicity disutilities were calculated by subtracting the utility for current health from that for current health plus the toxicity. **RESULTS:** Of the 103 patients who completed the web survey, 21 had to be excluded given irrational responses. The mean 'current health' utility for the sample was 0.837. Patients assigned higher utilities to their current health state than to the toxicity states. Alopecia received the highest utility (mean=0.79; disutility = −4.6) of all the side effects, and diarrhea received the lowest (mean=0.69; disutility = −14.7). Patterns were similar across disease stages, although patients with more advanced disease (stage III or IV) generally assigned lower utilities (greater disutilities) to the various toxicities. For several side effects (alopecia, nausea, vomiting, fatigue, mucositis, and diarrhea), patients who had experience with the side effect reported higher utility values compared to those who had not experienced the side effect. **CONCLUSIONS:** To our knowledge, this study was the first to report strength of preferences for toxicities associated with advanced breast cancer treatments. The utilities obtained in this study may be used in future cost-effectiveness evaluations of breast cancer therapies.

PCN81

DIVERSITY IN BELIEFS ABOUT THE CAUSES OF CANCER: A QUALITATIVE APPROACH TO EVALUATE CANCER PATIENTS' UNDERSTANDING TOWARDS CANCER AND ITS CAUSES

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OBJECTIVES: Peoples' beliefs towards health and illness play an important role in health seeking behavior. Cancer patients' beliefs regarding cancer have been reported to be important factors affecting screening and treatment seeking behavior. This study was aimed to evaluate cancer patients' beliefs about cancer and its causes. **METHODS:** A qualitative research approach was adapted. After obtaining institutional ethical approval, patients with different types and stages of cancer from the three major ethnic groups in Malaysia were purposively selected to participate in the interview. Twenty patients whom had consented were interviewed using a semi-structured interview guide. After conducting 18 interviews the saturation point was reached and no more themes were emerged from the subsequent interviews. All interviews were audiotaped, transcribed verbatim and translated into English for thematic content analysis. **RESULTS:** The emergent themes were as follows: unknown reasons, internal factors, environmental perceptions, and spiritual attributions. In this preliminary investigation cancer patients described cancer as a disease present in every human being and it may become visible during the course of life. Genetic predisposition, female gender and hematological factors were reported to be some of the internal factors. Unhealthy life style habits such as smoking, high consumption of red meat, and pesticides in foods were some of the environmental factors that were described. Among those who claimed to have healthy habits prior to the illness, there was a rejection of the notion that unhealthy life style was a cause. A strong spiritual connection was found as many patients described their cancer diagnosis as 'God's will.' **CONCLUSIONS:** This exploratory investigation suggests that cancer patients' understanding about cancer is complex in nature. The findings may help health care providers remove myths about cancer and reassure patients during the treatment decision making process. It may also help in improving patients' compliance towards the proven cancer therapies.

PCN82

IMPACT OF OPTIMAL CML RESPONSE ON PATIENT SATISFACTION AND QUALITY OF LIFE: A PATIENT SURVEY FROM THE ASSOCIATION OF CANCER ONLINE RESOURCES (ACOR) DATABASE

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OBJECTIVES: To assess patients' knowledge of chronic myeloid leukemia (CML) treatment response categorizations and to evaluate health-related quality-of-life (HRQOL) outcomes and treatment satisfaction among CML patients achieving different levels of responses. **METHODS:** CML patients were invited to complete an on-line survey that assessed their knowledge of different CML treatment-response categorizations. Data on HRQOL outcomes and treatment satisfaction were also collected. Chi-square and Fisher's test were used for statistical comparisons. **RESULTS:** 123 patients obtained through the ACOR database completed the survey. The mean age of respondents was 63 years, 48.8% were male, and 95.9% had some level of college experience. Over 90% were familiar with the different levels of CML treatment responses, with 96.8% self-reporting a current hematologic response, 70.7% a current cytogenetic response, and 68.3% a molecular response. However, 71.5% felt CML patients need more information on the types of responses, with the desire for information to come from their physicians (66.7%) rather than from other staff (28.5%) or pamphlets (23.6%). Achieving a molecular response (as opposed to hematologic/cytogenetic responses) generated the greatest satisfaction with their physician (78.6%), medication (86.6%), outlook on life (85.7%), and day-to-day functioning (85.7%). The percentage of patients rating their own health as excellent/very good was 43.1% among those with a molecular response and 41.7% with a cytogenetic response. However, 21.9% of all subjects rated their health as fair/poor. **CONCLUSIONS:** Achievement of a molecular response was associated with a higher satisfaction with a patient's physician, medication, and outlook on life, as well as an overall improvement in self-reported health ratings. Even in this highly educated ACOR population, a need for physician-directed information about various response criteria and counseling about the value of obtaining a molecular response is desired.

PCN83

A COMPARISON OF PREFERENCES FOR TARGETED THERAPY FOR METASTATIC RENAL CELL CARCINOMA

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OBJECTIVES: To evaluate and compare the preferences for targeted therapy for metastatic renal cell carcinoma in cancer patients, patients' family members and medical experts. **METHODS:** Using discrete choice experiment, survey questions were constructed on the basis of six attributes of efficacy, adverse events and administration. We designed two kinds of scenario sets as first-line therapy and therapy for poor prognosis. A total of 485 individuals were completed questionnaire: 140 cancer patients, 60 patients' family members and 285 medical experts(39 oncology doctors, 34 oncology nurses, 133 nurses and 79 pharmacists). **RESULTS:** In first-line therapy and therapy for poor prognosis, all six attributes in studies were statistically significant so they were important for choices. In first-line therapy coefficients of six attributes in patients and medical experts were all statistically significant but not progression free survival(PFS) in patients' family members. Between patients and doctors, PFS, hand-foot skin reaction(HFSR) and administration were statistically significantly different. Between patients and nurses, the coefficients of bone marrow suppression, HFSR, gastrointestinal perforation and administration were significantly different. In therapy for poor prognosis, six attributes were statistically significant in patients but not administration in patients' family members, not HFSR, interstitial pneumonitis in doctors. Between patients and doctors, coefficients of PFS, HFSR, asthenia and interstitial pneumonitis were different significantly. Between patients and nurses, five attributes were significantly different except HFSR. **CONCLUSIONS:** Efficacy, adverse events and administration were all important for preference in respondents. Comparisons of coefficients between subgroups represented different preferences of those groups. Medical experts especially doctors showed quite different preferences from patients and patients' family members. Doctors considered efficacy more important than adverse event so they favored the more effective and orally administered drug even if the drug had adverse events more frequently. But patients and patients' family members showed reluctant attitudes about adverse events.

PCN84

PATIENTS' PREFERENCES FOR THE TREATMENT OF COLORECTAL CANCER: A DISCRETE CHOICE EXPERIMENT (DCE) SURVEY

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OBJECTIVES: Colorectal cancer (CRC) is one of the most common cancers worldwide. major treatment advances, however, have changed the assumptions about